

## DEPARTMENT OF HEALTH PROFESSIONS - DIRECTIVES

**DIRECTIVE NO.:** 4.6  
**EFFECTIVE:** May 8, 2002  
**SUPERSEDES:** N/A

**APPROVAL:** /s/ Robert A. Nebiker

### 4.6 Agency Standards for Case Resolution

**Purpose:** To establish guidelines for the resolution of disciplinary cases to ensure that cases are handled expeditiously; evaluate the timeliness of case resolution; establish a mechanism to report on agency performance; facilitate the examination of case processing procedures; and plan for resources necessary to process cases.

**Policy:** The timely investigation and adjudication of cases is essential to ensuring that health care services are safe for patients and clients and is an essential element of the fair treatment of licensees who are the subject of reports and complaints of misconduct. This directive sets standards upon which the agency will rely in assessing individual, unit and organizational performance. *Nothing in this directive shall be relied upon to justify either compromising the quality or thoroughness of any aspect of the case handling process or limiting any procedural or due process requirements otherwise required by law.*

### **Applicability:**

This directive applies to all cases processed by the Department and health regulatory boards except the following:

1. Cases classified as "Program or Facility Eligibility"
2. Cases classified as "Licensure Eligibility"
3. Cases classified as "Reinstatement"
4. Cases classified as "Continuing Competency" (CE)
5. Cases classified as "Records/Inspection Audit"
6. Cases classified as "Unlicensed Activity (Criminal remedy)"
7. Cases Classified as "Dishonored Checks"
8. Mandatory suspensions

Cases in the categories listed above do not require significant resources to resolve and should be promptly resolved. Many of these cases do not require a full field investigation, may be continued indefinitely upon the motion of a party other than the Commonwealth or may not be within the jurisdiction of a board. The application of the following standards is not appropriate.

GUIDANCE DOCUMENT: 76-13.1

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**Case Time Standards**

A. Cases in which the conduct of licensees represents a substantial danger to patients (typically classified as priority 1): **60 days**

Milestones for meeting this standard include:

Entry	5 Days
Investigation	30 Days
Probable cause review	5 Days
APD/OAG preparation	20 Days

B. Cases that are closed without an investigation: **90 days**

Milestones for meeting this standard include:

Case Entry	30 Days
Probable cause (Determination)	30 Days
Probable cause (Closure Activities)	30 Days

C. Cases that require an investigation but result in no finding of probable cause: **240 days.**

Milestones for meeting this standard include:

Case Entry	30 Days
Investigation	150 Days
Probable cause (Determination)	30 Days
Probable cause (Closure Activities)	30 Days

D. Cases that require an investigation and result in a finding of probable cause, followed by a scheduled informal conference: **350 days**

Milestones for meeting this standard include:

Case entry	30 Days
Investigation	150 Days
Probable cause (Determination)	30 Days
APD (Case preparation)	30 Days
Informal Conference	60 Days
Probable cause (Closure Activities)	50 Days

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E. Cases that require an investigation, result in a finding of probable cause, and for which an informal conference is conducted; however, case is only resolved as a result of scheduling a formal proceeding: **440 Days.**

Milestones for meeting this standard include:

Entry	30 Days
Investigation	150 Days
Probable cause (Determination)	30 Days
APD (Case preparation)	30 Days
Informal Conference	60 Days
Probable cause (Closure Activities)	50 Days
APD/OAG (Case preparation)	30 Days
Formal Proceeding (Notice of Hearing)	50 Days
Probable Cause (Case closure)	10 days

**Reporting on Achievement**

The CIO shall provide reports at least quarterly that reflect board and agency performance for each category of case for which time standards are specified.

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